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AF

PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CRUZ-SAGREDO GARCIA, J. - 1 PCT (RCE-2)
SERIAL NO.: 10/564,426 EXAMINER: R. H. MUROMOTO JR.
FILED: January 11, 2006 GROUP: 3765
TITLE: BARBED-TYPE MESH

Mail Stop AF
Commissioner for Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES

Applicants hereby appeal to the Board from the decision of the Primary Examiner mailed

July 29, 2009 finally rejecting claims 8-20.

The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

_____ other than small entity

X small entity

Verified statement

_____ attached

_____ already filed on _____

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

X small entity \$ 270.00

_____ other than a small entity \$ 540.00

Notice of Appeal fee due \$ 270.00

NOTE: The time periods set forth in 37 CFR 1.191 are subject to the provision of § 1.136 for patent applications 37 CFR 1.191(d). (But see 37 CFR 1.645 for extension of time in interference proceedings and 37 CFR 1.550(c) for extension of time in reexamination proceedings.)

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Mail Stop After Final, P.O. Box 1450, Alexandria, VA 22313-1450.

Amy Klein
(Type or print name of person mailing paper)

Date: August 13, 2009

(Signature of person mailing paper)

(Notice of Appeal from the Primary Examiner to Board - Page 1 of 3)

3. **EXTENSION OF TERM**

(complete (a) or (b) as applicable)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- (a) _____ Applicant petitions for an extension of time under 37 CFR 1.17(a)-(d) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
_____ one month	\$ 130.00	\$ 65.00
_____ two months	\$ 490.00	\$ 245.00
_____ three months	\$1,110.00	\$555.00
_____ four months	\$1,730.00	\$ 865.00
		Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- _____ An extension for _____ month has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

or

- (b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee \$ 270.00

Extension fee (if any) \$ _____

TOTAL FEE DUE \$ 270.00

5. **FEE PAYMENT**

X Attached is a check in the sum of \$ 270.00

_____ Charge Account No. _____ the sum of \$ _____
A duplicate of this transmittal is attached.

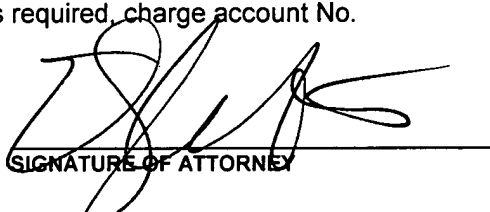
6. FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O.G. 31-33.*

X If any additional extension and/or fee is required, charge account No.
03-2468.

AND/OR

X If any additional fee for claims is required, charge account No.
03-2468.


SIGNATURE OF ATTORNEY

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Elizabeth C. Richter

Type or print name of attorney

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